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Modified Version of PTO/SB/21

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/016661	
	Filing Date	10/29/2001	
	First Named Inventor	Remis Balaniuk	
	Art Unit	2128	
	Examiner Name	GEBRESILASSIE, KIBROM K	
Total Number of Pages in This Submission		Attorney Docket Number	S00-226/US


ENCLOSURES (<i>Check all that apply</i>)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other (<i>Specified below</i>)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, <i>Number of CD(s)</i> _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other:	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.	
SIGNATURE		
PRINTED NAME	Thomas J. McFarlane	
DATE	11/14/07	REGISTRATION NUMBER 39,299

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	
PRINTED NAME	Samira Uddin
DATE	11/14/07

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

	Application Number	10/016661	
	Filing Date	10/29/2001	
	First Named Inventor	Remis Balaniuk	
	Art Unit	2128	
Applicant claims small entity status. See CFR 1.27.		Examiner Name	GEBRESILASSIE, KIBROM K
TOTAL AMOUNT OF PAYMENT	\$60	Attorney Docket Number	S00-226/US

METHOD OF PAYMENT (<i>Check all that apply</i>)							
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.							
FEE CALCULATION							
1. Basic Filing, Search and Examination Fees							
	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
Application Type:	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	
Utility	310	155	510	255	210	105	\$0
Design	210	105	100	50	130	65	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. Excess Claims Fees							
2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity)							
2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity)							
2.3 Multiple dependent claims \$360 (\$180 small entity)							
Total Claims	Threshold		Extra Claims	Fee (\$)			
35	- 35	=	0	X \$50 (\$25)	\$0		
Indep. Claims	Threshold		Extra Claims	Fee (\$)			
5	- 5	=	0	X \$210 (\$105)	\$0		
Multiple Dep. Claims				Fee (\$)			
<input type="checkbox"/>				\$370 (\$185)			
3. Application Size Fee							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets		Fee (\$)				
- 100 =	/50 =		X \$260 (\$130)	\$0			
4. Other Fee(s)							
Non-English specification (\$130 fee, no small entity discount)							
Other: One month extension Fee							\$60.00

SIGNATURE 	
PRINTED NAME Thomas J. McFarlane	TELEPHONE 650-424-0100
DATE 11/14/07	REGISTRATION NUMBER 39,299



No.: 10/016661
Conf. No.: 3916
First named inventor: Balaniuk, Remis
Filing date: 10/29/2001
Title: Long Elements Method for Simulation of Deformable Objects
TC/A.U.: 2128
Examiner: GEBRESILASSIE, KIBROM K
Docket No.: S00-226/US
Customer No.: 30869

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

RESPONSE TO ACTION

Sir:

In response to the Office action of 8/2/2007, please reconsider the above-identified application in view of the following amendments and/or remarks.

11/20/2007 SSITHIB1 00000053 10016661

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